

Grant Application

Department of Criminal Justice Services, 202 North 9th Street, Tenth Floor, Richmond, Virginia 23219

Grant Program:	V-STOP		
Applicant:			
Jurisdiction(s) Served:			
Program Title:			
Grant Period:			
Type of Application:	<input type="checkbox"/> Continuation of Grant Number _____ <input type="checkbox"/> New Applicant <input type="checkbox"/> One-Time Project		
Project Director		Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator:			
Brief Project Description:			
Project Budget Summary		DCJS Funds	Match
	Federal (V-STOP)	General	
Personnel	\$	\$XXXXXXXXXXXXXX	\$
Consultants	\$	\$XXXXXXXXXXXXXX	\$
Travel/Subsistence	\$	\$XXXXXXXXXXXXXX	\$
Equipment	\$	\$XXXXXXXXXXXXXX	\$
Indirect Costs	\$Not allowed	\$XXXXXXXXXXXXXX	\$Not allowed
Supplies/Other Operating Expenses	\$	\$XXXXXXXXXXXXXX	\$
Totals:	\$	\$XXXXXXXXXXXXXX	\$
Grand Total: \$			